GEORGIA HEALTH PARTNERSHIP

PROVIDER FOCUS

The ACS Quarterly Provider Newsletter

ISSUE I   JULY 2003

Highlights

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ACS Starts Up April 2003

The Department of Community Health (DCH) has contracted with Affiliated Computer Services (ACS) to act as the new third party administrator for Georgia Medicaid and PeachCare for Kids programs.

ACS and its partners jointly formed the Georgia Health Partnership (GHP), creating a new health care information system for use by all DCH health plans. Designed to leverage new health care benefits administration and Internet technologies, this system was built to meet the health care and administrative requirements of the state's Medicaid and PeachCare for Kids programs. These administrative requirements were related to new DCH requirements, and to federal HIPAA Privacy, Security, and Mandated Electronic Transaction Standards. All provider information contained in the previous Medicaid information system was converted into GHP's new system effective April 1, 2003.

Although the startup phase of GHP operations has had its

challenges, operations continue to improve daily. We are working to enhance communications with the Georgia Medicaid/ PeachCare provider community and increase the accuracy and efficiency of the claims processing system. In an ongoing effort to provide you with superior customer service and support, we continue to provide training for personnel on the current issues affecting the provider community.

> **Operations continue to improve daily. We are working to enhance communication.**

This newsletter describes several of the issues the GHP has faced and the steps we are taking to improve performance and minimize the effects of the transition on you. It contains answers to many of the most frequently received provider inquiries, tips on proper claim submission guidelines, and summaries of new DCH policies implemented in April. It also contains information on the most effective ways to contact the Georgia Health Partnership and access our services. □

Claims Submission and Resolution Tips

Providers have been adjusting to the new process for submitting claims since the adoption of standard forms and new policies on April 1, 2003. The following list includes some helpful tips for proper claim submission.

1. Review the new claim payment policies and procedures for filing claims contained in the latest DCH Billing Manual, and parts I and II of the policy and procedure manuals.

2. Instructions for submitting electronic claim forms can be found in the Electronic Submission Companion Guide, located on the GHP Web portal.

    a. Open a Web browser and go to www.ghp.georgia.gov.

    b. Click the **Provider Information** tab.

    c. In the **Documents and Forms** section, click the View Full List link.

    d. Click the Electronic Submission Companion Guide link.

3. Instructions for submitting paper claim forms can be found in the policy manuals located on the GHP Web portal by calling the Customer Interaction Center (CIC) at (404) 298-1228 (Local) or (800) 766-4456 (Toll Free).

    a. Open a Web browser and go to www.ghp.georgia.gov.

    b. Click the **Provider Information** tab.

    c. In the **Medicaid Provider Manuals** section, click the View Full List link.

    d. Click the name of the policy manual you want to view.

4. Use the new national claim forms: CMS-1500 (formerly the HCFA-1500), UB-92, and ADA 1999 version 2000. All non-standard claim forms will be returned to the provider for resubmission on the appropriate claim form.

    -   To order CMS-1500 or UB-92 claim forms, please call the U.S. Government Printing Office at (202) 512-1800.

    -   Additional information regarding ordering CMS-1500 and UB-92 claim forms may be obtained on the Centers for Medicare and Medicaid Services Web site at http://cms.hhs.gov/providers/edi/edi5.asp.

    -   To order the American Dental Association 1999, Version 2000 claim form for dental services, please call (800) 947-4746.

    -   To order Pharmacy Universal Claim Forms, please call Moore North America at (800) 635-9500.

5. To request Medicaid forms, send a completed Request for Forms (DMA-292, available in the Billing manual) to:

    Mail: Georgia Health Partnership (GHP)
    P.O. Box 5000
    McRae, GA 30155-5000

    Fax: (866) 483-1044

6. When submitting claims, complete all required fields and submit attachments, in accordance with DCH policy and billing manuals.

7. **Do not fax** claims, mail them. Use the fax only for claim attachments and claim-related correspondence. Be aware that when you fax double-sided documents, the fax transmits only one side of the page.

8. Documents sent to the paper processing center in McRae, GA should be typewritten (though handwritten is accepted) for scanning purposes. Review documents for legibility and clarity prior to submission - documents that are too light to read may be returned to the provider for resubmission.

9. Mail claims and other documents to the correct post office boxes. Sending claims to the wrong post office box will delay the processing of your claim.

> **Submitted documents that are too light to read may be returned to the provider for resubmission.**

Claims Submission Tips
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- **For: Claims submission, provider inquiry forms, attachments to electronically submitted claims, attachments, etc.**

  Georgia Health Partnership (GHP)
  P.O. Box 5000
  McRae, GA 30155-5000

- **For: Prior authorization, precertifications, and related documents**

  Georgia Health Partnership (GHP)
  P.O. Box 7000
  McRae, GA 30155-7000

- **For: Member inquiries and related documents**

  Georgia Health Partnership (GHP)
  P.O. Box 3000
  McRae, GA 30155-3000

- **For: Pharmacy claims**

  ESI-GDCH Paper Claims
  P.O. Box 390863
  Bloomington, MN 55439

10. When submitting claims with attachments, submit a separate attachment with each claim. For example, if the same attachment applies to three different claims, make copies of the attachment and attach it to each claim. Please ensure that every page of an attachment includes the Provider and Member Identification numbers so that we can access the documents in our claims system.

11. Use the new Claims Adjustment form (DMA-501) to modify paid claims. The Claims Adjustment form can be found in the Billing manual. Providers who are registered Web users will be able to logon and be able to adjust and void claims on the Web by August. Watch for the banner message that announces this new functionality on the GHP Web site.

12. When submitting paper attachments for electronically submitted claims, indicate the Transaction Control Number (TCN) of the respective claim to identify which claim the attachment relates to. Indicate the TCN either in the upper right corner of the attachment, or using the Claims Attachment Form (DMA-501).

13. When entering your Provider ID on a claim, include only the portion of the Provider ID number up to the last alpha character. If you are uncertain of your Provider ID, contact the GHP Customer Interaction Center (CIC) at (404) 298-1228 (Local) or (800) 766-4456 (Toll Free).

Example:

Old Number = 00136579A4

New Number = 000136579A

14. When submitting the Coordination of Benefits (COB) Notification Form (formerly known as the Third Party Liability (TPL) Confirmation and Notification statement), include the insurance carrier's name and contact information. If this is associated with an electronic claim or a Web portal claim, enter the corresponding TCN in the upper right portion of the form.

15. When submitting CMS 1500 claims with prior payments from another insurance plan (other than Medicare), make sure that the amount entered in Field 29 on the claim is the same as the amount paid by the third party/ insurance carrier as shown on the Explanation of Benefits (EOB).

   DO NOT enter Medicare's payment or the Medicaid co-payment in this field, as that will further reduce the Medicaid payment. When submitting UB92 claims with prior payments, make sure to enter the primary payer's payment in field 54, including payments from Medicare.

   Enter the patient liability amount (deductible and/or coinsurance) expected from Medicaid in field 55.

16. When submitting CMS 1500 claims that do not have prior payments from another insurance plan (other than Medicare), leave blank fields 9, 11, and 29.

17. Do not bill claims with the Payee Provider ID (this is the new ID that begins with "3000"). Instead, use your Medicaid Provider ID.

18. Use the updated Provider Inquiry Form for each member issue. Note that

Claims Submission Tips
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this form has room for only one member issue; using the same form to report several issues creates a problem because each Provider Inquiry Form is scanned only once, and not for each issue.

19. Do not highlight fields on claim forms or on forms that are faxed because highlighted text comes through a fax blacked out.

20. When submitting on paper, Medicare crossovers should be billed on the CMS-1500, UB-92, or ADA forms. Do not use the old crossover forms because they cause a delay in claims processing. Attach the EOMB behind each crossover claim submitted. If Medicare denied the charges, indicate Medicare denied at the top of the EOMB. This helps ensure the proper processing of the claim. Remember, because of the new HIPAA regulations, every claim listed for another recipient on the EOMB must be completely blacked out.

21. Policy manuals can be printed from the GHP Web site or by calling the Customer Interaction Center (CIC) at (404) 298-1228 (Local) or (800) 766-4456 (Toll Free).

The policy manuals address the code conversions and acceptance of new HL7 and CDT4 formats and clinical procedure acceptance.

To find the policy manuals online:

a. Open a Web browser and go to www.ghp.georgia.gov

b. Click the **Provider Information** tab.

c. In the **Medicaid Provider Manual** section, click the View Full List link.

d. Click the name of the manual you want to view. ◻

WINASAP and EDI Claim Tips

It is important for providers who submit electronic claims to verify that claims have been properly transmitted. File transmittals in the HIPAA X12 format will receive a 997 report. All 997s should be promptly reviewed to verify successful transmission. In the event of a rejection, or "negative 997," review the text of the 997 to identify the cause of the rejection, then correct the file and resubmit it.

WINASAP acknowledgement is in the form of a confirmation report containing a filename delivered to the submitter PC at the time of transmission. It is also recorded by the WINASAP application under Tools/Reports.

If WINASAP files are later rejected, please note the filename that is rejected, contact the EDI Gateway at (800) 987-6715 or visit the Web site at www.acs-gcro.com, and ask for the reason that the files were rejected. ◻

New Provider ID Numbers

Previously, providers may have had more than one Medicaid number for the same physical office or facility location. Due to problems in converting some of the data, new provider identification numbers were assigned to a portion of the provider network. Affected providers were notified of this situation in March 2003.

The new identification numbers are to be used for all claims submissions, inquiries, and other correspondence with DCH or the GHP. If you have any questions regarding the assignment of this new provider identification number, you can reach the CIC as follows:

Phone: (404) 298-1228 (Local) or (800) 766-4456 (Toll Free)

Mail:

GHP Provider Enrollment
P.O. Box 88030
Atlanta, GA 30356

Fax: (770) 570-3343

To change or update your provider information, you can either request an update online using the GHP Web site or submit a Change of Information form. The form can be found on the GHP Web site:

1. Open a Web browser and go to www.ghp.georgia.gov.

2. Click the **Provider Information** tab.

3. In the **Documents and Forms** section, click the View Full List link.

4. Click the Change of Information link.

Forms can also be requested by calling the CIC at (404) 298-1228 or (800) 766-4456. Available forms can also be found in the appendix of most provider policy manuals. ◻

Improved Dental Claim Processing

Dental providers must submit their claims using the new dental claim forms (ADA 1999 version 2000). To ensure proper payment, complete the fields for unit of service, tooth number, and tooth surface (if applicable). Please refer to Chapter 800 in the Policy Manual to get the complete list of procedures that require prior approval.

Recently there have been several changes made to the claims processing system that have increased the number of adjudicated dental claims. Two issues relating to electronically filed claims were corrected as follows:

> **Recently there have been several changes made to the claims processing system that have increased the number of adjudicated dental claims.**

- Tooth Number. The tooth number that was submitted on the claims was not being interpreted correctly in the system. This problem was identified and corrected as of the May 27th claims payment cycle. All affected electronic claims files have been reprocessed.

- Quadrant. The GHP claims system requires that dental providers file their claims with the standard ADA coding designation for mouth quadrant, as outlined in the current dental terminology guide. The GHP claims system maintains the codes submitted by the provider on the claim and uses them for adjudication and payment. Due to an ACS exception error, electronic claim files submitted between March 28 and May 2, 2003 were reprocessed and were then reported on the May 19, 2003 remittance. The same error caused the electronic claim files submitted between May 3 and May 22, 2003 to be reprocessed and they were then reported on the May 26, 2003 remittance advice. ☐

Submit DME Claims on the Web

Providers can now submit Durable Medical Equipment (DME) claims and prior authorizations through the GHP Web site, www.ghp.georgia.gov. All necessary fields are present in the online form.

Note: Some policies have changed, so check the DCH policy manuals to make sure you are using the correct units of service.

All prior authorization requests are being processed, and notifications are being mailed to providers. ☐

Anesthesia Billing

The units billed for anesthesia on the CMS-1500 form represent time units only (1 unit for every 15 minutes of anesthesia). Some providers are being paid incorrectly for anesthesia services because they are billing the claims incorrectly by entering total units (time base and physical status) in the Units field. To avoid billing errors, it is important that time units be used.

Georgia Medicaid has not adopted the ASA Code Set because not all ASA codes are present in the CPT Anesthesia code set. As a result, Georgia Medicaid uses the CPT Anesthesia Procedure Codes.

- **For dates of service prior to April 1, 2003**, bill anesthesia services with the CPT Surgical Procedure Code (10000 - 69999) and not the CPT Anesthesia Procedure Code (00100 - 01999).

- Bill physical status by entering the appropriate modifier on the line item (P3, P4, or P5).

Note: The aforementioned billing process for anesthesia constitutes a change in policy, effective April 1, 2003. We are continuing to assess the feasibility of the system performing automatic conversion of anesthesia time billed to units. Please watch your Banner Message and other provider communications regarding future changes. ☐

Reasons for Denied Claims

The most common reasons for claim denials are listed below:

1. **Exact Duplicate**. This means that claims are being resubmitted after they have already been paid. If you need to modify a previously paid claim, complete an adjustment form (DMA-501) and submit it for reprocessing. Providers who are registered Web users will be able to logon and be able to adjust and void claims on the Web by August. Watch for the banner message that announces this new functionality on the GHP Web site, www.ghp.georgia.gov.

2. **Invalid Provider ID**. Include only the number up to the last alpha character.

   Example:

   Old Number = 00136579A4,

   New Number = 000136579A

   The 4 after the last alpha character is omitted under the new Provider ID.

3. **Member Not on File**. Verify that the member actually has Medicaid and verify that the member ID number is correct.

4. **Invalid Member ID**. Always check the correct member ID is billed. Use only numeric characters when entering a member's ID - do not use spaces or dashes.

5. **Required Field Errors**. Verify that all required fields have been completed with correct data.

6. **Incorrect Date of Service**. Both the from and through dates of service are required fields on the CMS-1500 form.

7. **Using GBHC number for billing instead of Provider ID number**. Do not bill with your GBHC provider ID (for example, 085123456G). This provider number is used for GBHC purposes only (though not for referrals). ❑

New Billing Manual Available

The revised Billing Manual is available for access or download on the GHP Web site, www.ghp.georgia.gov or by calling the Customer Interaction Center (CIC) at (404) 298-1228 (Local) or (800) 766-4456 (Toll Free). The billing manual contains this useful information:

- Explanations of the new forms
- Instructions on how to complete new forms
- A guide for using the Interactive Voice Response (IVR) system
- Information on using the GHP Web site for billing

Additionally, the billing information has been consolidated into many program Policies and Procedures manual effective July 1, 2003.

The most recent version of all manuals is available on the GHP Web site or by calling the Customer Interaction Center (CIC) at: (404) 298-1228 (Local) or (800) 766-4456 (Toll Free). ❑

Provider Activity Report Coming Soon

The Georgia Health Partnership (GHP) is taking this opportunity to inform you of a Rendering Provider Activity Report designed to better describe the results of claim payments issued to payee providers.

This report will provide at the rendering provider level information on paid, denied, and suspended claims.

This report will not include any financial transactions that are reported at the payee provider level, such as recoupment of advance payments.

The activity report will be delivered to the rendering provider in August. For providers registered for the Web, this report will be put in the provider's Message Center.

Providers with questions about their report can call the Customer Interaction Center (CIC) at:

(404) 298-1228 (Local) or

(800) 766-4456 (Toll Free).

In an effort to clarify the reconciliation of advance payments with claim payments made since March 28, 2003, the GHP is developing a reconciliation report.

This report is designed to give providers information and instructions on how to reconcile payments and adjustments received by payee providers. The reconciliation report will be delivered in August. ❑

COB/TPL Medicare Crossover Claim Update

When billing through the GHP Web site, the "Payer Identifier" is a required field. When all payers start using the new HIPAA compliant formats in October, Medicare and commercial carrier RAs/835s will display the 'PAYER IDENTIFIER' number. Until then, providers should use the MIC (Medicare Intermediary ID Code) number that was previously required on crossovers or the MHN carrier code for other commercial carrier when billing Medicaid Secondary/COB claims.

Soon you will receive more detailed instructions on how to bill crossovers and other COB claims. In the meantime, here is a quick-reference sheet of the MIC numbers and carrier codes to use in the 'PAYER IDENTIFIER' field.

Note: This listing of TPL/COB related documents will soon be changed.

Do not enter Medicare information in the Third Party Liability fields. This includes fields 9 - 9d, the "yes" box in field 11 and the COB amount on the CMS -1500 form.

The automated crossovers

Carrier/Intermediary	Claim Type	MIC or Payer Identifier*
BCBS AL - GEORGIA MEDICARE PART B CAHABA	B	01
BCBS GA - PART A (FACILITIES)	A, C	02
BCBS TN - RIVERBEND GBA - RURAL HEALTH CLINICS	A, C	03
BCBS SC - PALMETTO - DMERC - DME/PHARMACY	B	04
BCBS SC - RAILROAD RETIREMENT - RRB	A, B, C	05
MUTUAL OF OMAHA - PART A (FACILITIES)	A, C	06
BCBS FL - FIRST COAST OPTIONS	A, C	07
TRAILBLAZERS - TX - DIALYSIS CLINICS	C	08
OTHER MEDICARE CARRIER - NON-CON-TRACTED	A, B, C	09
COMMERCIAL INSURANCE	All	Use Carrier Code from Member Eligibility verification document - see Listing on GHP Web site**

*These codes are for use until the actual Payer ID codes are available and reported to providers on their remittance advices.

Go to www.ghp.georgia.gov then click on **Provider Information. Go to **Documents and Forms** located in the lower right corner of the page. Click on the View Full List link. There are currently three documents beginning with 'TPL':

- TPL - TPL Pharmacy Billing Manual
- TPL Carrier Listing - Alphabetical Listing of Carriers with their Carrier Code
- TPL Listing - Listing of Carriers numerically by Carrier Code.

from Medicare will occur with GHP, but until that process is completed you may submit your crossover claims either on paper or through the GHP Web site, www.ghp.georgia.gov. Until the automated crossover process is completed, the 45-day waiting period will not be enforced. Providers can submit their secondary claims to Medicaid as soon as they receive their Medicare RA. Remember that the old crossover forms are no longer accepted. Providers must submit all claims using the standard forms (UB92 and CMS 1500). ☐

Payment Information on the Web Portal and IVR

The IVR and the Web portal report the actual amount paid, with any financial transactions deducted (such as an advance payment, a payout, or a recoupment of a receivable). If there were financial transactions in the payment cycle, the IVR and Web portal amount might not show the same amount as the MHN system. For example, for a claim with a remittance amount of $100 and financial transactions of $50, the MHN claims inquiry screens would show the $100 (remittance amount) and the $50 (remittance amount less financial transactions), and the IVR and Web portal would show $100 (for a rendering inquiry) and $50 (for a payee inquiry). ACS is reviewing the impact of the State Share Withholdings (SSW) and will continue to post updates regarding this issue. Children's Intervention School Services (COS 960) is the only category of service currently affected by SSW. ☐

Use the IVR to Obtain Service at Your Convenience

Providers are encouraged to use the Interactive Voice Response (IVR) system or the GHP Web site whenever possible.

Using the new Interactive Voice Response (IVR) system involves learning different paths and understanding the process of changing between alpha and numeric characters on your phone's keypad when entering provider and member identification numbers.

Frequently used paths to write down or memorize are:

- Check member eligibility (selection 1)
- Check claim status (selection 2)
- Check payment status (selection 3)
- Check Prior Authorization status (selection 6)

To enter a letter into the IVR:

1. Press the star (*) key.
2. Press the key with the letter you want to enter.
3. Press the key number 1, 2, to 3 to indicate the position of the letter on that key.

For example, to enter the letter N, press these keys in this order:

1. Star (*)
2. 6 (because N is on the 6 key)
3. 2 (because N is the second letter on the 6 key)

To enter the letters "Q" and "Z":

- Q: press star-zero-one (*-0-1)
- Z: press star-zero-two (*-0-2)

Here is an example of the key sequence you would press for a sample Provider ID number:

- Provider ID: 055993377C
- Key sequence: 055993377*23 ❑

Improved Prior Authorization and Precertification Notices

PA notification letters are currently being distributed to providers without member names. As a result of provider suggestions for improvement, we are developing a new form that will include the member name as well as other key provider information.

This change should be implemented by August. Note that the IVR system has also been modified so that users can obtain precertification information by choosing option 6 and then selecting Status of PA. ❑

Exceptions to GBHC Age Limits

Previously, under the EDS system, there were only four designations for age and gender that described a GBHC primary care provider's patient panel. Pediatrics was limited to age birth to 13 years. There are now six age and gender ranges for GBHC primary care providers. They are:

1. male-/-female - under age 19 years
2. male-/-female - under age 22 years
3. female - over age 14 years
4. male-/-female - all ages
5. male-/-female - age 2 years to 99 years
6. male-/-female - over age 14 years

All pediatric practices have been converted to male-/-female under 19 years, but a pediatric practice can request to be changed to under age 22 years, and a family practice can request to be changed to age 2 years to 99 years.

Requests must be submitted in writing on the provider's standard letterhead or using the GBHC Change of Information Form (Appendix I in the GBHC Manual).

Mail to:

GHP Provider Enrollment
PO 88030
Atlanta, GA 30356

Fax to:

1-866-483-1044 or
1-866-483-1045 ❑

Contact Your Field Representative for Assistance

Providers have access to GHP provider field representatives, professionals who can answer GHP system and policy questions. □

Territory	Counties	Rep	Email	Phone
Athens	Banks, Barrow, Clarke, Elbert, Franklin, Greene, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Oconee, Oglethorpe, Rabun, Stephens, Towns, Union, White	Tanja Lurry	tanja.lurry@ acs-inc.com	(770) 979-2131
Atlanta	Gwinnett, North Fulton, Rockdale, Walton	Gretser Rush	gretser.rush@ acs-inc.com	(770) 808-8801
	Central Fulton, South Fulton	Leslie Walker	leslie.walker@ acs-inc.com	(404) 244-8382
	Cobb, Douglas, Paulding	Rebecca Miller	rebecca.miller@ acs-inc.com	(770) 979-8430
	Butts, Carroll, Clayton, Coweta, Fayette, Heard, Henry, Newton, Spalding	Sheila Tillman	sheila.tillman@ acs-inc.com	(770) 306-2210
	Dekalb	Pamela Floyd-Johnson	pamela.floyd-johnson@ acs-inc.com	(404) 299-7057
Augusta	Burke, Candler, Columbia, Emanuel, Glascock, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Montgomery, Richmond, Screven, Taliaferro, Toombs, Treutlen, Warren, Washington, Wilkes	Lolita Roberts	lolita.roberts@ acs-inc.com	(706) 793-6244
Columbus	Chattahoochee, Clay, Dougherty, Harris, Lamar, Lee, Marion, Meriwether, Muscogee, Pike, Quitman, Randolph, Schley, Stewart, Talbot, Taylor, Terrell, Troup, Upson, Webster	Sherrie Jones	sherrie.jones@ acs-inc.com	(706) 565-5217
Macon	Baldwin, Bibb, Bleckley, Crawford, Crisp, Dodge, Dooly, Houston, Jasper, Jones, Laurens, Macon, Monroe, Peach, Pulaski, Putnam, Sumter, Telfair, Twiggs, Wheeler, Wilcox, Wilkinson	Sharon Chambliss	sharon.chambliss@ acs-inc.com	(229) 273-7705
Rome	Bartow, Catoosa, Chattooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Haralson, Murray, Pickens, Polk, Walker, Whitfield	Vanessa Whitley	vanessa.whitley@ acs-inc.com	(678) 418-2126
Savannah	Appling, Brantley, Bryan, Bulloch, Camden, Charlton, Chatham, Effingham, Evans, Glynn, Liberty, Long, McIntosh, Tattnall, Wayne	Lolita Roberts / Cindy Pittman	lolita.roberts@ acs-inc.com / cynthia.pittman@ acs-inc.com	(706) 793-6244 / (229) 293-7893
Valdosta	Atkinson, Bacon, Baker, Ben Hill, Berrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Jeff Davis, Lanier, Lowndes, Miller, Mitchell, Pierce, Seminole, Thomas, Tift, Turner, Ware, Worth	Cindy Pittman	cynthia.pittman@ acs-inc.com	(229) 293-7893

Become a Registered Web User

To improve the administrative tasks involved with the Medicaid and PeachCare for Kids programs, GHP has developed a secure Web site, www.ghp.georgia.gov.

To access the most valuable services of the Web site, it is necessary to register to use it. When you register, you can:

- Enter claims, edit and resubmit claims, verify claims status (the ability to void and adjust claims will be added in the near future)
- Check member eligibility
- Submit and view prior authorization and precert requests
- Make referrals and view referral status
- Find answers to your questions

To register so that you can logon and use all of the functionality on the GHP Web site:

1. Have your enrollment form ready.
2. Open a Web browser and go to www.ghp.georgia.gov.
3. Click the appropriate type of registration in the lower-right corner: Provider Facility, Individual Practitioner, Billing Agency or Nurse Aide Training Program.
4. Complete the required fields (for example, Provider ID, date of birth, provider type).
5. Click the **Submit** button.

You will receive a web portal password after you register. We will send your password by email (if we have your address in our system) or by U.S. mail.

Since its launch on April 1, the GHP Web site has undergone hardware and infrastructure changes resulting in improved stability and decreased downtime.

If providers have not registered, they are encouraged to do so. GHP has a Web Help Desk with staff that can assist you with the registration process.

You can contact the Web Help Desk staff by calling the CIC, (404) 298-1228 (Local) or (800) 766-4456 (Toll Free), and requesting to speak to someone to help you register for the Web.

After you are registered, you will be able to handle many of your transactions online.

As of July, 2003, there are over 25,000 providers registered to use the GHP Web site and over 86,000 users (including office staff and billing agents).❑

GBHC Established Patients Only (EPO)

GBHC EPO providers who want to add a member to their practice must submit this request using the Provider Selection Form (Appendix "G" in the GBHC Manual).

Mail to:
GHP
P.O. Box 3000
McRae, GA 31055-3000

Fax to:
1-866-483-1044 or
1-866-483-1045 ❑

GBHC Provider Enrollment Limits

GBHC providers who have reached their maximum enrollment limit and wish to increase this limit must do so in writing. Requests for a change in panel size must be submitted in writing on the provider's standard letterhead and sent to:

Georgia Health Partnership (GHP)
P.O. Box 88030
Atlanta, GA 30356 ❑

What Are Advance Payments?

Advance payments are made to provide operating funds until claims can be properly processed.

Accounts receivable in the amount of the advance payment will be established and recouped against future claims.

Advance payments are calculated based on average payments the provider received during the 12 week period prior to April 1, 2003. ❑

Electronic Funds Transfer (EFT)

When EFT information is entered or updated, the EFT status will be set to "testing" to accommodate the required 14 day pre-note process. This testing process is designed to ensure that funds will be transferred properly.

During this period, providers will receive paper checks. There is no action required on the provider's part. After the pre-note is complete, electronic funds transfer will begin.

To register for EFT, call the Provider Enrollment unit at (404) 298-1228 (Local) or (800) 766-4456 (Toll Free) to request the form. You can download the form on the DCH Web site.

1. Open a Web browser and go to www.ghp.georgia.gov.
2. Click the **Provider Information** tab.
3. In the **Documents and Forms** section, click the View Full List link.
4. Click the Electronic Funds Transfer (EFT) link.

Return the completed forms to:

GHP Provider Enrollment
P.O. Box 88030
Atlanta, GA 30356

Note: Local Education Agencies (LEAs) enrolling in the Children's Intervention School Services (COS 960) must have the Department of Education (DOE) listed on their EFT form as a requirement for enrollment. ☐

Customer Interaction Center (CIC)

The Customer Interaction Center (CIC) is the GHP call center used by providers and members to obtain information regarding Medicaid and PeachCare for Kids program policies and payments.

The CIC can be contacted at:

Providers:
(404) 298-1228 (Local)
(800) 766-4456 (Toll Free)

Members:

(770) 570-3373 (Local)
(866) 211-0950 (Toll Free)

The CIC is open for provider and member phone calls from 8:00 a.m. - 7:00 p.m. Monday - Friday.

In addition, calls are accepted from 9:00 a.m. - 1:00 p.m. on Saturday and Sunday for providers to report newborn eligibility. To do this, call the local or toll free number and select option 11 from the provider Interactive Voice Response (IVR) system.

Telephone hold times are longest between 9:00 - 11:00 am and 1:00 - 3:00 pm and lowest from 4:00 pm - 7:00 pm. Providers and members may also submit inquiries through the GHP Web site (www.ghp.georgia.gov) by clicking on the "Contact Us" tab at the top right corner of the Web page. Please include the telephone number where

you can be reached in your comments.

In addition to the phone service, GHP offers both an Interactive Voice Response (IVR) system and the GHP Web site, www.ghp.georgia.gov. Both are operational 24 hours a day, seven days a week and enable providers to check claim status and eligibility at their convenience. We strongly encourage you to register for and use the GHP Web site to conduct business during hours most convenient for you. It is the easiest method to perform transactions related to the Medicaid and PeachCare for Kids programs. ☐

Verifying Member Eligibility

The best methods for verifying member eligibility include the Web portal (www.ghp.georgia.gov), the Interactive Voice Response (IVR) system, and using an upgraded swipe card processing unit with two ports. Please contact one of the swipe card processing vendors for details. ☐

Manufacturer	Phone Number
WebMD	(615) 885-3700
HDX	(610) 219-1600
MedUnite	(800) 586-6870
Passport Healthcare Communications, Inc.	(888) 661-5657
Medifax EDI	(800) 444-4336

Payee versus Rendering Provider

Medicaid and PeachCare for Kids providers often have affiliations with other provider organizations that receive their payments for services rendered. The Georgia Health Partnership (GHP) system recognizes this relationship through the creation of a payee provider record. This record captures the payee provider's information, such as address, EFT data, and tax identification information.

This file is linked to the rendering provider's file. The GHP system is designed to issue payments and remittance advices to providers designated as "payee."

Effective with payments made on May 27, 2003, corrections were made to provider records in order to direct payments to correct bank accounts and addresses. New payee accounts were created and rendering providers were affiliated accordingly. Accounts receivable and claims history will also be moved to the correct payee and rendering providers.

Detailed information regarding this process will be forthcoming in the near future.

In the interim, if you notice any incorrect information regarding your payee and rendering provider affiliations, please submit this information for correction to:

GHP Provider Enrollment
P.O. Box 88030
Atlanta, GA 30356

Note that the IVR shows information on claims submitted by a Provider ID (either collectively as a group or individually). This information is specific to the Provider ID entered by the caller; therefore, the results are dependent on the ID represented in the claim. □